

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service (DOS) 01/16/02 & 01/23/02?
- b. The request was received on 05/15/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 07/24/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 07/25/02. The only response from the insurance carrier was received in the Division on 06/19/02 and is listed as Exhibit II.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: none submitted
2. Respondent: letter dated 05/21/02
“(Requestor) never contacted (Respondent) or its Third Party Administrator [] in an attempt to negotiate a fair and reasonable reimbursement. Additionally, they have never provided the documentation required per page 254 of the April 1, 1996 Edition of the Medical Fee Guideline, adopted by the Texas Workers’ Compensation Commission.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only dates of service eligible for review are 01/16/02 and 01/23/02.
2. The carrier's EOBs have the denials, "A – PREAUTHORIZATION REQUIRED BUT NOT REQUESTED", "F – FEE GUIDELINE MAR REDUCTION" and "U – Payment recommendation per Adjustor's Request."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	HCPS CODE	BILLED	PAID	EOB Denial Codes	MARS	REFERENCE	RATIONALE:
01/16/02	E0236 Water Circulating Unit	\$494.00	\$0.00	A, U	DOP	Texas Workers’ Compensation Act & Rules, Rule 133.304 (c) & 134.600 (h)(11);	Both the carrier’s first and second EOBs denied payment citing the lack of preauthorization. Per Rule 134.600 (h)(11), preauthorization is only required if the per item price is in excess of \$500.00. The price of none of the individual items billed exceeded \$500.00 so none would require preauthorization.
01/16/02	E1399 Cold Therapy Cooler Wrap	\$75.00	\$0.00	A	DOP		Also, the first EOB has the denial “U” on code E0236 and the second EOB has the denial “F” on code E1045. Commission Rule 133.304 (c) states, “The explanation of benefits shall include the correct payment exception codes required by the Commission’s instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s).” The denials “U” and “F” and the explanation provided with the codes do not provide sufficient explanation to allow the sender to respond to the dispute, per Rule 133.304 (c).
01/16/02	E1399 Water Circulating Pad	\$155.00	\$0.00	A	DOP		
01/16/02	E1399 Auto Adapter	\$45.00	\$0.00	A	DOP		
01/23/02	E1045 Walker W/Seat Rollator	\$495.00	\$0.00	A, F	DOP		
Totals		\$1264.00	\$0.00				The Requestor is entitled to reimbursement of \$1,264.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,264.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 29th day of October 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division